MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-0425$					
DEPARTMENT OF PUBLIC HEALTH AND WELFARE U.S. Registration District No. 0 2 Registrat's No. 154 STATE FILE NUMBER DO NOT WRITE AMENDED REGISTRATE DISTRICT FOR NO. 100 STATE FILE NUMBER					
VS 300 Rev. 4/59	AMENDED		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OP Inside	ssion)	
23 x 38	DATE AME		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR AUTISUS CI.T.U Inside Limits d. STREET (If curside, give location) Reside ADDRESS	No □ on Farm	
3 4 D 5 2			3. NAME OF DECEASED (Type or print) LOUIS CARROLL DATE Month Day OF DECEASED LOUIS CARROLL DEETH NOV. 12, 196 5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH Widowed Divorced 6-14. 72. 25 Yrs. Married Divorced 6-14. 72. 25 Yrs.	DER 24 HR	
6	CELOWS		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11c. BIRTHPLACE (City and state or country) 11c. CITIZEN OF WHAT Country are state or country are st	OUNTRY	
8 2 9334X	D AKE AS	DOCUMENT	Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, po, or unknown) (If yes, give war or dates of service NO. 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE.CAUSE (a) 17. INFORMANT Home for Jewish Aged. INTERVAL ONSET AN 2 days.	BETWEEN ID DEATH	
1286-0	INSTEAD (which gave rise to above cause (a), stating the under-lying cause last. DUE TO (c)		
	20		disease condition given in PART I (a) there a pregnancy in la	Unknown	
USE BLACK INK OR TYPEWRITER RIBBON	AWENDWEN		19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PART II of item INJURY OCCURRED. (Enter nature of injury in PART I or PART II or PART	18.}	
			20d. INJURY OCCURRED WHILE AT WORK 100	STATE	
	JID READ		21. I attended the deceased from		
US TYPE	SHOULD	AVIT OF	14	Y-6 L	
	TEM NO.	Y AFFIDAVIT	REMOVAL (Specify) Burtal 11-13 1962 Mt. Carmel Kansas City Mo. 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE		
	=	BY	J.P. Louis Funeral Home 11-15-62 Auth Long		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	12 260 A
Student	Signed Suy Difficultors
Signature of Student Embalmer	Licensed Embalmer No. 2756
	P. O. Address K. B. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure: to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.